



CALENDAR YEAR 2016

BUSINESS LOCATED IN THE TOWN OF LOVETTSVILLE, VA
BUSINESS, PROFESSIONAL AND OCCUPATIONAL LICENSE TAX ASSESSMENT FORM

Please complete the shaded areas below.

OWNER'S NAME	
BUSINESS NAME	
MAILING ADDRESS	
CITY, STATE, ZIP	

BUSINESS INFORMATION

BUSINESS PHONE NUMBER	
EMAIL ADDRESS	
SSN OR FEDERAL EMPLOYER IDENTIFICATION NUMBER	
BUSINESS LOCATION – PHYSICAL ADDRESS	
DESCRIPTION OF BUSINESS ACTIVITIES AT THIS LOCATION	

STATEMENT OF GROSS RECEIPTS AND TAX COMPUTATION

ROW	CALCULATION	Receipts	Tax Due
A	TOTAL GROSS RECEIPTS FOR CALENDAR YEAR 2015 (If this is a new business, enter estimated gross receipts for 2016)	\$ _____	\$34.00
B	SUBTRACT \$20,000 FROM ROW A	-\$20,000	
C	ADJUSTED GROSS RECEIPTS	\$ _____	
	IF ROW C IS ZERO OR LESS GO TO ROW E, OTHERWISE CALCULATE ADDITIONAL LICENSE TAX ON ROWS D		
D	MULTIPLY ROW C BY 0.0017 (\$0.17/\$100)	\$ _____	
E	TOTAL LICENSE TAX DUE BEFORE MARCH 15, 2016 (\$34 FROM ROW A + AMOUNT FROM ROW D)		\$ _____
F	AMOUNT DUE AFTER MARCH 15, 2016 (ROW E +10% LATE FEE)		\$ _____

DECLARATION

I DECLARE THAT THE STATEMENTS AND FIGURES GIVEN ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
SIGNATURE CEO/PARTNER/OWNER/OFFICER	DATE

BY **MARCH 15, 2016** RETURN THIS FORM AND CHECK PAYABLE TO:

TOWN OF LOVETTSVILLE
ATTN: TREASURER
PO Box 209
LOVETTSVILLE, VA 20180-0209

FOR OFFICE USE ONLY

2015 LICENSE	
2016 LICENSE	
DATE RECEIVED	
AMOUNT	
DATE ISSUED	
INITIALS	